

<b>Case Number:</b>	CM13-0023677		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/27/2000
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 62-year-old female who reported an injury on 12/27/2000 when she was attempting to move a copier from a place on the floor to her truck to be delivered, and then had to remove it from the truck and when trying to offload the truck, the table the copier was sitting on broke and the copier began to slide toward her and she attempted to catch it, but it fell, hitting the floor. The patient is noted to have treated extensively with physical therapy and anti-inflammatory medications, muscle relaxants, narcotic pain medications, and Neurontin and to have undergone psychological treatment. The patient is reported to have also received a series of epidural steroid injections without improvement and to have undergone an IDET to her lumbar spine in 2003 or 2004. The patient is reported to continue to complain of ongoing leg pain and low back pain with radiation of pain to the lower extremity. The patient is reported to have broken her leg requiring an ORIF which resulted in the patient not having been seen for approximately a year and a half. The patient is reported to have fallen multiple times due to her legs giving out; reported her pain radiated to her bilateral lower extremity, left greater than right, posteriorly, and numbness and tingling of her legs and lower spine. She reported her pain was made worse by long walks, and sitting for prolonged periods. She is noted to have undergone a repeat MRI of the lumbar spine on 08/13/2013 which reported findings of no central canal stenosis and focal central disc protrusions at multiple levels without central canal stenosis including L5-S1, L4-5, and L1-2. There were no findings of neural foraminal narrowing or nerve root impingement noted at any level. A clinical note dated 08/15/2013 noted the patient continued to complain of low back pain with radiation to the bilateral lower extremities, left greater than right. On physical exam, she is noted to have decreased sensation to light touch in her left la

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Ibuprofen 800 mg with two (2) refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** The employee is a 62-year-old female who reported an injury to her low back on 12/27/2000. The employee is reported to have complained of low back pain and is noted to have undergone treatment with 2 epidural steroid injections and then an IDET procedure at unspecified levels in 2003 or 2004. The employee is noted to have been prescribed ibuprofen 800 mg for treatment of chronic low back pain. The California MTUS Guidelines recommend the use of nonsteroidal anti-inflammatories for short-term symptomatic relief of chronic low back pain or for short-term symptomatic relief of acute exacerbations of chronic low back pain. The employee appears to be taking the ibuprofen on a routine, ongoing basis and as such, the requested ibuprofen does not meet guideline recommendations. The request for Ibuprofen 800 mg with two (2) refills is not medically necessary and appropriate.

**Series of three (3) transforaminal epidural steroid injections on the left at L4 and L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The employee is a 62-year-old female who reported an injury to her low back on 12/27/2000. The employee is reported to have treated extensively with physical therapy, psychotherapy, and to have received epidural steroid injections. The employee is also noted to have undergone an Intradiscal Electrothermal Therapy (IDET) procedure at an unstated level in 2003 or 2004. The employee is noted to complain of ongoing low back pain with radiation of pain to the bilateral lower extremities, left greater than right and is reported to have undergone a repeat MRI of the lumbar spine on 08/13/2013 that noted focal central disc protrusions at L5-S1, L4-5, and L1-2 without central canal stenosis and without contacting or displacing the nerve roots. On physical exam, the employee is noted to have positive straight leg raise bilaterally, a positive slump test on the left which provoked left lower extremity pain. The employee is noted to have decreased sensation in her left lateral thigh, calf, and the dorsum of her foot and to have give-way weakness due to pain on manual muscle testing. The employee had diffuse tenderness of the lumbar paraspinal muscles and decreased range of motion in flexion and extension with increased pain. A request was submitted for a series of 3 epidural steroid injections. The California MTUS Guidelines recommend epidural steroid injections for treatment of radiculopathy which is documented by physical exam and corroborated by imaging studies

and/or electrodiagnostic testing, initially unresponsive to conservative treatment, and states that a series of 3 injections is not recommended in either the diagnostic or therapeutic phase. Although the employee is noted to have findings of radiculopathy on examination, there is no documentation on the MRI of neural impingement at any level including L4-5. In addition, the request for a series of 3 injections is not supported by current research. The request for a series of three (3) transforaminal epidural steroid injections on the left at L4 and L5 is not medically necessary and appropriate.

**Twenty-four (24) sessions of aquatic therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy , Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** The employee is reported to complain of ongoing low back pain with radiation of pain to the bilateral lower extremities, left greater than right, and is noted to complain of multiple falls due to her legs giving out. The employee is noted to have undergone a repeat MRI of the lumbar spine on 08/13/2013 which reported findings of focal central disc protrusions at L5-S1, L4-5, and L1-2 without central canal stenosis and with no findings of nerve root displacement or neural impingement. The employee is reported on physical examination to have neurological deficits with decreased sensation, positive straight leg raises bilaterally, and a positive slump test on the left which reproduces her radicular pain. The employee is reported to have decreased range of motion of the lumbar spine in flexion and extension with pain, and give-way weakness of the bilateral lower extremities on manual muscle testing. The Official Disability Guidelines recommend aquatic therapy as an option when weight bearing therapy is not indicated. They recommend from 8 to 10 visits of therapy for treatment of myalgia and myositis or neuralgia/neuritis, or radiculitis. However, the employee is noted to have treated extensively with physical therapy in the past and there is no documentation of the employee's response to previous physical therapy, nor is there any indication that the patient has been performing a home exercise program to maintain any improvements received with previous physical therapy and as such, the request for 24 sessions of aquatic therapy does not meet guideline recommendations. The request for twenty-four (24) sessions of aquatic therapy is not medically necessary and appropriate